

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XCI.]

THURSDAY, NOVEMBER 12, 1874.

[No. 20.]

Original Communications.

A CASE OF EXTRA-UTERINE PREGNANCY.

By E. WARREN SAWYER, M.D. (Harv.), of Denver, Colorado.

A FEW weeks since, Dr. Justice, of this city, submitted, for examination, a specimen of matter aspirated by him from an abdominal tumor—a supposed ovarian cyst. He stated that the tumor was of three years' duration, that he had decided upon an operation, and asked my assistance on the following day.

The patient lived at Boulder City, thirty miles from this place, among the foot-hills of the Rocky Mountains.

Grossly, the specimen looked like pus, but with the microscope not a characteristic pus corpuscle could be seen; only fat globules, of various sizes, and granular matter. With liquor potassæ, it behaved like pus, and rapidly gelatinized. Subsequently to the termination of this case, I learned the following details:—

Mrs. G., aged 37 years; married twice; two children by first marriage, three by the second; youngest child 5 years old. Has always enjoyed perfect health. Catamenia ceased March 28, 1871. Dates her pregnancy from that time. Had all the usual symptoms of pregnancy till the third month, when "colicky pains" began, slight at first, increasing in severity, and not ceasing throughout her gestation; at no time was she free from colic. During the fourth month, she swooned from the severity of this pain, and was confined three days to her bed. Felt the motions of the child, at the usual time, stronger than she experienced in her previous pregnancies.

On the 30th of December, 1871, was taken, at night, with regular labor-pains, the seat of which she referred to her left side.

I learned, from her medical attendant, that there was no dilatation of the os uteri, at that time, though the short neck was very soft; and, high up in the pelvis, the head of the child was felt. Her pains continued throughout two days, at the end of which, all signs of labor had subsided. Motions of the child were still strongly felt.

Three days afterward, her breasts became full and painful; large quantities of milk were pumped out with relief to her.

Twelve days after the first attempt at labor, regular pains again set in, which continued for a day, at the end of which, all motion ceased, after a most violent action of the child. Milk again appeared in her breasts, but gave no trouble.

There was no discharge of blood during either attempt at delivery, though, in both, the nurse declared there was a discharge of meconium; that she had seen meconium in previous confinements, and was able to determine this.

VOL. XCI. No. 20

She left her bed after a day, and felt very comfortable. Her large figure was preserved till the following March, when a vaginal discharge of blood began, after which she found herself growing smaller. Hæmorrhage persisted for the next three months, slight at times, but weakening her, and confining her to her bed nearly one half the time. After a tonic treatment, wasting ceased, and from this period till June of the present year, her menses returned with the strictest regularity, and she called herself well.

As evidence of the immunity from discomfort which she enjoyed, during this long time, I have only to state that she assumed the entire charge of her large family, and indulged often in dancing at balls, of which she was passionately fond.

In June last, her catamenia did not appear, and she thought herself again in the family way. During the following month, a violent hæmorrhage occurred, continuing for forty-eight hours, during which it was thought she aborted. Soon afterward, she had a violent chill, and began to grow large. Chills recurred frequently and irregularly, followed by fever, till her death.

When I first saw her, August 17th, her face presented an emaciated appearance, with a bright red spot upon each cheek. Pulse 96, soft and compressible. Temperature normal. The dyspnœa was most evident. The abdominal enlargement was uniform, and as great as that of a woman at full term. Fluctuation was evident to the left of the median line in front, but not on the right side. My finger in the vagina could feel no cervix uteri, and the os could be felt only as a slight depression at the summit of a very long vagina. The sound could not be made to enter the uterus, though many curves of the instrument were tried.

Dr. Justice being still of the opinion that we had to do with an ovarian cyst, decided upon an operation, which was done jointly by Dr. Justice and myself. The anæsthetic (equal parts, by weight, of chloroform and ether) was administered by Dr. Dodge, of Boulder. An incision, some four inches in length, was made through the abdominal walls, in the median line, mid-way between the umbilicus and symphysis pubis. A large, reddish-purple globe now sprang into view. A hand, passed into the abdominal cavity, discovered this tumor attached to the entire circumference of the brim of the pelvis; the uterus was not felt; upon extending the incision downward, this organ was seen in the median line, more than twice its normal length, and bent abruptly over the upper border of the symphysis. The flexion of the uterus forward explained our inability to pass the uterine sound.

The tumor seemed to spring uniformly from the posterior surface of the uterus.

The intestines were pushed up by the cyst, and the omentum and small intestines were firmly adherent to its upper and posterior surface. No trace of either ovary or Fallopian tube was seen.

The needle of Potain's aspirator was plunged into the anterior wall of the cyst, and a little matter drawn; a large trocar was substituted, which drained away some two quarts of matter, some of which escaped into the abdominal cavity. A child could now be felt within the cyst. It was thought advisable to proceed, and an incision some four inches in length, was made through the anterior wall of the cyst, through

which a well-formed, female child, with umbilical cord intact, and the remains of a placenta were removed, with some three pints of matter. The cystic and abdominal cavities were now carefully sponged out; afterwards, one end of a skein, of some twenty threads, of ligature silk was passed from the cyst through the *cul-de-sac* of Douglass, out of the vagina. There was some troublesome escape of dark blood from the patulous vessels of the cut surfaces of the cyst, which was only arrested by passing a ligature with a needle beneath the mouths of the vessels; these latter looked quite like the uterine sinuses.

The wounds were now closed with deep (iron) and superficial (silk) sutures; the abdomen was well covered with cotton batting.

An enema of brandy was given twice during the operation, which consumed about one hour.

The patient did not rally, and died twenty hours afterward.

The fœtus was well preserved, very white and hairless; in fact, it had the appearance of a fœtus preserved for a long time in alcohol. Its weight was seven and one-half pounds. In extending the flexed forearm, the cuticle was cracked transversely at the bend of the elbow, showing the adipose tissue beneath very yellow and hard, like adipocere. The odor from the matter and child was slightly nauseous, but no odor of putrescence was noticed.

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#### ON ERYSIPELAS.

By J. C. GLEASON, M.D., of Rockland, Mass.

Read before the Plymouth District Medical Society, October 14, 1874.

THE appearance, during the spring and earlier summer months, of an unusually large proportion of cases of erysipelas in my practice, occurring, as I believe, epidemically, led me to observe what I could of the nature, course and proper management of this disease.

Erysipelas is described by most modern writers under two forms.

I. *Sporadic, or Idiopathic*, which arises from internal causes alone, and which usually attacks the integument of the face, though no part of the surface of the body is exempt from it. The skin alone, or more commonly, the skin and areolar tissue are involved, the affected part becoming of a deep red color, hot, painful and swollen. The disease was known in early times, in Scotland, as "the rose;" in England and in this country as "St. Anthony's fire."

II. *Traumatic Erysipelas*, that which follows a wound, and may occur in any part, as an unhealthy, low inflammation, tending to spread in all directions.

Both these varieties are usually announced by marked constitutional symptoms—chills or chilliness, pain in the back and limbs, nausea, and sometimes vomiting. Soon, the tongue becomes coated, and shortly, if not at first, typhoid symptoms are developed, delirium and ataxia.

As to the distinction which has been made between simple and phlegmonous erysipelas, so called, it may be well questioned whether some writers have not confounded phlegmonous inflammation, which often develops itself beneath an erysipelatous surface as a complication, and which frequently terminates in suppuration, with true erysipelas, which never, of itself, suppurates, unless we except some

cases in which are developed a few small abscesses, not truly phlegmonous in character. The duration of erysipelas is less on one spot than that of phlegmonous inflammation.

Velpeau says, erysipelas is best described as a sheet of inflammation, which, lasting only four days in one place, travels on, spreading itself out farther and farther above the tissues, whose deeper layers are not attacked by it, even though they may suffer from phlegmonous inflammation. To use his figure, it is something like a rising tide, which encroaches more and more upon the shore, only differing in this, that it never ebbs.

Thus it is a true dermatitis. Attention to this particular will aid to determine whether we have erysipelas, or simply a phlegmon of greater or less severity.

I have often verified Prof. Velpeau's statements by finding that desquamation will begin to take place in four days at the point where the erysipelas first made its appearance, while, meanwhile, it may be invading new portions of the surface, and the whole course of the disease may, and, in fact, usually does, last from eight to ten days, or may even be prolonged to six weeks. In any case, it will continue till the poison which has caused it is eliminated, and, during its course, large portions of the surface may be traversed over.

Within a year, I had a patient, a lying-in woman, who had had mammary abscess, resulting from exposure, and afterwards pneumonia, who, during her convalescence from the latter disease, while yet unable to sit up more than fifteen minutes twice a day, began to have slight shiverings, anorexia, delirium, rapid pulse, slight amblyopia—symptoms which, in a day or two, were explained by the appearance of erysipelas covering nearly three-fourths of the surface of both arms, and extending upon the chest.

The eruption subsequently appeared upon the side and one hip, and lasted in all some eight to ten days, travelling, in the time, over quite a considerable portion of the surface of the affected side.

This case, I remember as a good illustration of the spreading of this affection, the parts first attacked having been restored while the disease was invading new portions of the cutaneous surface. I also noted well the truth of Velpeau's statement, that just four days were required before the affected tissues began to return to health.

Before proceeding to treat of the truly epidemic variety of this disease, or what has been by some described as erysipelatoous fever, and which deserves special consideration, I wish to speak of the terminations, causes and diagnosis of this disease.

When erysipelas terminates favorably, it is either in resolution, by desquamation of the cuticle with slight œdema, or by forming large bullæ or vesicles from effusion of serum under the cutis, which sometimes are followed by some small, rather superficial abscesses, points of a phlegmonous character. When a fatal termination occurs, it may be from extension of the inflammation to the brain, or its membranes, giving rise to effusion and coma, or, in some cases, the larynx becomes inflamed, and œdema of the glottis causes death by suffocation. In the larger proportion of fatal cases, death is owing to failure of the vital powers, as a result, not of the inflammation, but of a true blood poisoning by morbid atoms, the toxic character of which is not yet fully known. Yet, although the exact nature of the poison may not



be known, we may conjecture that in all the zymotic diseases, as erysipelas, typhoid fever, and the like, the principle of infection or contagion acts in the blood as a ferment, a true catalytic agent, capable of inducing extensive and disorganizing changes in the composition of the blood itself. *Pari passu*, with the elimination of the poison, and the restoration of the blood, comes the abatement of the inflammatory symptoms and return to health.

Of the sources whence this poison is derived, that is, just what may be the exciting cause or causes of this affection, we can only say that they may be nearly or quite like those which are by some thought to produce typhoid fever, viz., atmospheric influences, bad drainage, foul and unhealthy habitations, disordered secretions, insufficient diet, and the poison engendered by over-crowded dwellings—in fine, any and all of the usual sources of epidemic diseases, may cause this.

Druitt suggests that the probable cause of the milder, isolated and non-contagious cases of erysipelas is some morbid state of the blood, generated in the system itself, through the combined influence of disordered secretions and atmospheric conditions, while the severe and contagious form must arise from some more decidedly poisonous source.

In large hospitals, where numbers of the sick are crowded together, and, of course, much that is noxious and poisonous is derived from their bodies, breath and excretions, we find erysipelas in its most malignant and fatal form, and often, apparently by being carried from the place of its origin to the lying-in wards or chamber, the most terribly fatal results have followed. Many cases are cited to show that the contagion of this disease may cause puerperal peritonitis.

DIAGNOSIS.—This is usually not difficult, after the local inflammation occurs. The disease has certain pathognomonic signs, which should, however, be thoroughly known, so that, at all times, the inflammation may be distinguished from erythema and lymphatic or diffuse inflammations, which comprise all, or nearly all, the cases that one would be likely to misapprehend.

First, there is upon the outer limits of the disease a red, festooned border, slightly in relief, which can be perceived by lightly passing the finger over it. Beyond this border, the tissues are healthy, while the redness is greatest at its edge. From the centre to the circumference, the redness increases, and is more marked at the circumference. This is pathognomonic. Again, erysipelas often commences without wound or excoriation; lymphatic inflammation, never. Erysipelas spreads itself out in sheets in all directions; lymphatic inflammation appears in patches, following, always, the direction of the lymphatics, that is along the axis of the limb. Other inflammations never leave the point of origin, except slowly, while the part where erysipelas commences is usually healed when the affection has involved parts further along. Other inflammations often terminate by abscess; erysipelas never, unless it becomes phlegmonous, which, according to Velpeau, is a complication. Again, we must notice the fact that while local treatment may put an end to other inflammations, it will never stop erysipelas.

I wish now to speak of a variety of this disease, of which Flint, in his practice, treats as a form of continued fever; having the local inflammation in a proportion of cases, it has, for want of a better name,

been characterized erysipelatous fever. It may occur sporadically, or as an epidemic, commonly as the latter. It is to be distinguished from erysipelas, occurring as a surgical or a local affection, because, in the former affection, the febrile disturbance is primary or essential, while in the latter form it is symptomatic of the local inflammation, in that it accompanies it. Moreover, in the epidemics of erysipelatous fever which have been studied, as in the one which prevailed so extensively in many portions of this country, from 1841 to 1846, it was found that the local manifestation of the erysipelas, as an inflammation, was by no means constant in all cases. On the contrary, there were great variations at different times and places.

Dr. Bennett, of Bridgeport, Conn., in 1853, wrote an article, which appeared in the *New York Journal of Medicine* for July of that year, stating that he observed erysipelas in only one-sixth of 150 cases. When it did occur, the head was oftentimes the seat of the local erysipelas. In nearly all, marked ataxic symptoms, passive delirium and great debility were observed; in fact, a truly typhoidal state. In some localities, it prevailed quite extensively, and the mortality was large. It was called "black tongue" by some writers, from the appearance of the tongue commonly observed. It did not appear to be transported, or to travel from place to place, but often appeared in isolated sections; its course, in general, "was irregular and erratic," although Dr. Bennett states that it seemed to follow the streams and water-courses in his section.

The attack was often sudden, beginning with a chill, pains in the limbs, and, usually, great prostration. Inflammation in the pharynx occurred in all the reported cases. Sometimes, it was very severe, and involved the larynx, giving rise, in some cases, to oedema of the glottis, and death by suffocation. Tonsillitis and inflammation, and suppuration of the lymphatic glands of the neck also occurred occasionally, as a complication.

Pneumonitis, pleuritis, acute inflammation of the peritoneum, as well as of the cerebral meninges, were also noted by different observers in some cases. In yet others, petechial spots and abscesses, without local erysipelas, were observed.

Cases varied much as to severity and duration, some mild ones ending in six to eight days; while others, because of some severe complication, either ended fatally, or were indefinitely prolonged.

A most important fact noticed during the epidemic of 1841 to 1846 was the prevalence of puerperal fever, which so uniformly appeared in conjunction with this epidemic as to show some pathological connection between the two diseases. Many held the belief that the peritonitis was caused by a virus carried by the physician from a case of erysipelas, or erysipelatous fever, to the puerperal woman. I have no doubt, from what evidence I can gather, that this transportation can take place, and I would be unwilling to attend a midwife's case the same day that I had visited a patient with erysipelas.

But to return: Flint says, remarking upon this point, "Assuming that this is true in certain cases, still puerperal peritonitis was by no means uniformly to be accounted for in this way. A rational explanation, in many, if not all, cases is, that labor acted as an exciting cause, and determined the situation of the local affection in those predisposed to the disease from the action of the epidemic influence."

The mortality from erysipelas in England alone averages, according to recent authorities, 2000 annually.

TREATMENT.—This must be conducted on the principle of leading the disorder to a safe termination, rather than on any attempt to arrest it by active remedies.

Mild cases will need but little medicine. In all cases, we need to remember that we have a poison to be eliminated, and a condition of more or less debility, a result of the blood degeneration which this poison induces, to be combatted. Hence, in addition to putting the patient into a well-ventilated apartment, giving him, at the commencement, cooling drinks, and light, but nourishing, diet, we may administer, as an eliminative, a full dose of one of the neutral salts, with a little rhubarb. After operation of this cathartic, we may usually begin with our plan of "tonic treatment," for it is a well-established fact, to-day, that this places the patient in the most favorable condition for recovery. Constitutional treatment, on the restorative plan, is his greatest need, for erysipelas kills, if it kills at all, as a general or constitutional disease, and not from the severity of the local inflammation. To this end, we give beef-tea, milk, wine, sulphate of quinine in tonic doses, or, if the stomach will bear it well, the muriated tincture of iron. The latter remedy may often be profitably given in pretty large doses, well diluted with sweetened water. In cases of great debility, brandy or brandy punch may be freely administered.

Locally, I believe that of all applications, fomentation by flannels wrung out of a hot decoction of poppy-heads, assiduously applied, as recommended by Dr. Tanner, of London, is the best. Cold lotions are sometimes agreeable, but, as a rule, I think that warm applications, if not safer, are, at least, more generally followed by greater relief.

Instead of the decoction of poppy-heads, hot water with tincture of opium answers the purpose.

Some surgeons, especially English, recommend painting the surface with collodion, which not only serves to protect the skin, but to contract the congested cutaneous vessels, and thus preserve their integrity.

As to preventing the extension of the inflammation by painting upon the sound tissues around the diseased part, I have seen it fail oftener than otherwise. Velpeau says, *treatment does not, will not, stop erysipelas*, though it may put an end to lymphatic and other forms of inflammation.

The disease is self-limited, and when the morbid atoms which cause it are eliminated, the symptoms cease and health returns, unless there is some complication. In the phlegmonous inflammations, which so often complicate erysipelas, so soon as pus is suspected, or a sensation of quaggingness in the tissues is noted, or vesications appear on the surface, sufficiently free incisions are absolutely demanded, to allow the exit of sloughs and purulent products. The free use of tonics, food and opiates is to be enforced in such cases.

In case of infantile erysipelas, the child's strength must be supported by abundant nourishment, tonics and stimulants. In unhealthy infants, a slight wound may cause the development of this disease. In 1861, two infants were reported to the Registrar General of England to have died from erysipelas following vaccination.

## Progress in Medicine.

### REPORT ON OPHTHALMOLOGY.

By O. F. WADSWORTH, M.D.

*Choroiditis Syphilitica*.—Förster (*Graefe's Archiv*, xx. 1), describes under this title a disease, the objective symptoms of which accord with those usually known as typical of syphilitic retinitis. Faint greyish discoloration of the central portions of the retina, delicate, dust-like opacity of the central and posterior part of the vitreous, slight alteration of the retinal vessels, and want of clearness of outline of the nerve are the main points. The dust-like opacity of the central parts of the vitreous he regards as a very important and nearly constant symptom, and to this vitreous opacity are to be referred in part the apparent changes observed in retina and disc. Lack of contrast between the color of the disc and that of the choroid, partly on account of the greyish tinge of the retina, partly from the increased redness of the disc, serves also to make the outline of the latter indistinct. While, however, faint dust-like opacity of the vitreous is the typical form, there may be membranous opacity also, and in some cases opacity sufficient to prevent any recognition of the papilla.

In many cases there are also circumscribed changes in the color of the fundus, generally to be made out with difficulty, situated most frequently in the region of the macula, and usually in the form of groups of light red or whitish dots, sometimes as larger pale grey spots. But as these objective symptoms are by themselves relatively little characteristic, Förster considers the exact knowledge of the subjective symptoms of particular importance, and it is to these especially that he calls attention. The vision may be, in lighter cases, only little decreased, but is, on the other hand, often much sunken, even to  $\frac{1}{100}$ , without the ophthalmoscopic changes being necessarily very great. In such case, the remarkable difference between the visible change and the amount of sight is due to defects in the central portion of the field of vision. The defects have usually the peculiarity that, at the point of fixation, a tolerable degree of perception exists, which increases by bright light, but by diminished light markedly sinks. They thus assume in some measure an irregular zonular form, the most central portion of the retina being affected to a less degree than the parts about it, while the peripheral portions still perform their functions. The central defect may take the form of a half ring about the fixation point, or may reach in one or more directions to the edge of the field of vision, and thus leave islands in the peripheral parts of the retina still capable of vision,—a condition found more frequently as the final result of this disease than of any other. In the beginning of the disease, small, isolated, peripheral, or sector-like defects are, also, often to be discovered. The defects need not early in the disease cause an unfavorable prognosis; they may appear, increase, and again diminish, within a few days, change their position, or remain for a long time. They seem to be seldom wanting, and are evident to the patient as a shimmering spot in the field.

Another very constant symptom is hemeralopia. This is often apparent even by daylight, from the fact that a very much smaller type

can be read when held close in front of the window than when the light does not fall directly upon it. With yet weaker light the symptom is more glaring, and some patients cannot distinguish the movement of the hand at a distance of a foot with an illumination by which a normal eye makes out III. Sn., and yet by daylight can read IV. or at least VIII. Observations, made by means of an instrument for determining the least amount of light required to distinguish a given object, show, perhaps, even more plainly the rapid decrease of vision with weakened light of the diseased in comparison with a sound eye.

A very constant symptom, also, is the presence of subjective appearances of light of definite character. These are generally but not always in the neighborhood of the fixation point, and consist of bright, transparent patches, not often numerous, which have a tremulous, vibratory or rotatory motion. They have a certain relation to the defects in the field of vision, and it would seem that when they are present, defects, demonstrable at least by diminished illumination, are never wanting; and when, in the earlier stages of the disease, evident defects exist, the photopsies always are observed. Still they do not necessarily coincide with the defect. The latter may increase or diminish within a short time without the change being evident in the light-appearances. They may diminish or disappear under appropriate medication and confinement to a dark room. They may disappear on perfect quiet in bed, but any movement or excitement which increases the heart's action calls them out again. They must therefore depend on conditions of circulation in the retina or choroid, not on irritation of nervous elements by exudation, &c. Exposure to bright light increases their intensity. The symptom is moreover very persistent and may continue for years, even when the disease is over and vision has much improved.

Micropsy is sometimes observed, usually only when one eye has been affected, occasionally when both have suffered, and then is specially noticed in the worse eye. As a rule, this symptom is first observed when the disease has pretty well run its course. The difference in the apparent size of objects to the two eyes may be great. That the micropsy is due to change in the retina, *i. e.*, in the relative position of the rods and cones, and not to interference with the accommodation, is shown by the fact that it is sometimes more evident as the distance of the object is increased, and also by the apparent bending in toward the point of fixation which the patient observes on a series of parallel lines.

The accommodation is often diminished during the disease, but in many cases the diminution of vision is too great to allow this point to be determined. Seldom are there means of knowing with sufficient exactness the previous range of accommodation of the patient.

Complication with iritis occurs once in 6 or 8 cases. The iritis may precede and the choroiditis follow immediately, or only after six months or longer, when old synechiæ are the single sign of the previous affection. The choroiditis may appear first and extend to the iris. In this case there is much opacity of the vitreous. Synechiæ, even though numerous, are thin and yield to atropine, and the pupil before the use of atropine, and spite of the synechiæ, is somewhat dilated. There is no tendency in the iritis to become chronic, and the prognosis, so far as the iritis is concerned, is good.

That the disease is a choroiditis rather than a retinitis, Förster believes is shown by the not infrequent complication with iritis, iritis being often observed in connection with choroiditis, but not with retinitis; by the symptom of hemeralopia, which is wanting in affections of the opticus and anterior layers of the retina, but found with inflammations of the choroid; by the opacity of the vitreous, nearly always present with choroiditis, seldom with retinitis; by the diminished accommodation, also associated with choroidal, not with retinal, affections; finally, by the changes visible in the choroid and retina after a long and unfavorable course of the disease, which can only be referred to a choroiditis. The choroid is the organ which is affected first, though the functional disturbances of the retina prove that it also invariably is implicated. Nor is it denied that a pure retinitis may be excited by syphilis.

The disease varies much in its course. In general, the disturbance of vision comes on slowly, during weeks or months, but it may develop to a high degree within a few days. It yields to suitable treatment, at least to a certain degree, but shows a great tendency to recurrences, the commencement of which often cannot be detected by the ophthalmoscope.

Complete recovery takes place seldom and only when the case has been light and early subjected to treatment, but vision may slowly increase for years. In most cases, vision of  $\frac{2}{3}$  or  $\frac{1}{2}$  may be reached. It remains below this only in severe cases where large central defects in the field have appeared and treatment has been interrupted. Here changes in the fundus can always be discovered at a later period: often, dense or thread-like opacities in the vitreous; disappearance of the pigment of the epithelial layer over larger or smaller patches, or of the stroma of the choroid; black masses of pigment of various form; more or less marked atrophy of the retina, recognizable from the scanty and small vessels and homogeneous yellowish-white discolorations of the papilla; more seldom, rounded or stellate white spots, particularly in the region of the macula. In the worst cases, there remains a high degree of amblyopia with only isolated patches of retina which still retain their function. The disc and vessels appear as in retinitis pigmentosa, and there are deposits of pigment which often resemble those found in that disease, but do not seem to bear the same relation to the retinal vessels.

Regarding the etiology Förster says, "Where the above given objective and subjective symptoms are present, one may diagnose syphilis with the same amount of certainty as one diagnoses renal degeneration from the ophthalmoscopic appearances of retinitis morbi Brightii, only the confirmation by the patient does not usually follow with the same honesty that the chemical examination of the urine always affords." In every case which remained long under observation, he was able to confirm the diagnosis by the confession of the patient or other evidence. The choroiditis does not occur among the earlier symptoms of secondary syphilis; seldom so soon as four or six months after the primary infection. In more than half the cases, other secondary symptoms are present, or their traces can be made out.

It is proportionately frequent in the latter half of life; of fifty-five patients, twenty-four were above forty, fifteen above fifty years of age. In hospital practice, Förster found the number of men and women af-



fects about the same, together 2.5 per thousand patients. In private practice, among the well-to-do classes, the number was 4 per thousand, and 90 per cent of these were men. The greater frequency of the disease among the well-to-do is however only apparent, since the proportion of these with troubles of the conjunctiva or cornea who came under his treatment was much less, and therefore the percentage of other affections much greater than with the poor.

The administration of mercurials, with detention in a darkened room for at least four weeks, is the only treatment which always promises a good result, and of the different methods of giving mercury inunction is decidedly the best. "All those cases, in which the first course of treatment radically removed the disease, had employed inunction till salivation was produced, and remained in a darkened room."

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**TRICHINOSIS PRODUCED BY THE MEAT OF A DOG.**—In January, 1874, a woman was admitted to the hospital in Langensalza, suffering from very grave symptoms, all pointing to the existence of trichinosis, and upon subjecting a small excised fragment of the deltoid muscle to the microscope, numerous encapsuled parasites were readily detected. This being the only instance of the disease known to have occurred in the vicinity at that time, the attempt was made to elucidate the source of the infection, which resulted in extracting from the patient the following extraordinary statement:

For many weeks previous to her illness her extreme destitution had prevented her from purchasing any meat of any sort, nor had she been able to buy any fat, nor any other portion of a hog. Her meals were all prepared at home, her food consisting of dogs, cats, and also, during the season, marmots and foxes. The only meat which had been brought into the house for many weeks consisted of a pair of cats, the greater part of which was still left, having been smoked, and a dog which had been sent her for culinary purposes by a neighbor. This animal appeared very fat, and upon killing him she observed that a quantity of yellow fluid was contained in the thoracic and abdominal cavities, and that the meat, which was of a very pale color, could be pressed together like a sponge. Although the animal did not appear to her healthy, it was, nevertheless, dressed, cooked and eaten. In a few hours after the meal, nausea and purging set in, which left her upon the following day extremely prostrate, and swelling of the face and inflammation of the eyes rapidly ensued.

The remaining supply of cat-meat found in the house was examined and found free from trichinae, and the conclusion was therefore formed, that the woman had unquestionably become infected by consuming the flesh of the diseased dog. She was restored to health at the expiration of four months.—*Correspondenz-Blatter des Allgem. aerztl. Vereins von Thuringen*, No. 9, 1874.

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**FRACTURE OF SEVENTH CERVICAL VERTEBRA.**—Some time ago a patient entered Bellevue Hospital with complete paralysis, and on examination the spinous process of the vertebra prominens was found to be fractured.

The general paralysis soon improved, but in the right arm the paralysis yet persists.

The inference is, that there was an extravasation into the meninges at the place of fracture, together with injury to the trunks of some of the nerves going to form the brachial plexus on that side.

The patient received the injury by being thrown down and striking on the head and neck.—*N. Y. Med. Journal*.

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### Reports of Medical Societies.

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BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. F. B. GREENOUGH, M.D., SEC'Y.

SEPT. 28th.—*A Case of probable Lead-poisoning, resulting fatally, from a Bullet Lodged in the Knee-joint Twelve Years previously.*—DR. ELLIS said that he had seen the patient twice in consultation with Dr. Harris, of Arlington, first in June, and again in July. Twelve years ago, the patient had been wounded in the knee, being hit from the front, while his knee was flexed; the bullet was never extracted, but the wound healed, and the patient had full use of his leg. In February, he began to be troubled with the complaint for which Dr. Ellis saw him, namely, severe attacks of colicky pain in the abdomen, always preceded by obstinate constipation, and accompanied with vomiting. He had been to Florida last winter, and while there had one of these attacks. When he returned, he stated that his bowels felt to the touch like a mass of sausages. Dr. Ellis saw him a second time in July, when the symptoms complained of were the same, viz., obstinate and constant constipation, pain amounting to colic in the lower part of the abdomen, which, however, was never followed by any soreness, and occasional vomiting of bilious-looking matter, which was never offensive; he never threw up his food. From these symptoms, which were the only ones complained of, Dr. Ellis thought the case must be one of obstruction of the bowel from some cause. He called upon Dr. Harris, who was present, to state what additional facts he knew with regard to the case.

DR. HARRIS said that a week after seeing Dr. Ellis for the last time, the patient had an epileptic convulsion, which was followed by a second one, and after that his mind never seemed to be quite right. The convulsions continued at intervals, and the constipation was very obstinate, so much so that Dr. Wyman, who saw the case in consultation, thinking that there must be obstruction of the bowels, inflated him, and found that at least there was no obstruction that was not pervious to air. He subsequently became violently delirious, and died. About six weeks before death, a blue line was noticed on his gums. The possibility of its being a case of lead-poisoning was considered, and eliminated, from the fact that careful search failed to show any possible way by which lead could have entered the system.

DR. ELLIS showed the lower end of the femur. A large, conical, leaden bullet was imbedded in the inner condyle, its base being exactly level with the articular cartilage, its longest diameter parallel with the shaft of the bone between the two condyles. The exposed surface of the base was smooth and polished, and, evidently, must have rubbed against the cartilage covering the head of the tibia with every motion of the joint. There was no evidence of any recent inflammatory action, in either the bone, cartilages or synovial membrane, except, perhaps, that the head of the tibia opposite the foreign body was eburnated. Some of the loose connective tissue in the neighborhood of the bullet was slate-colored. Dr. Ellis said that he considered this case as an unique one. As far as he knew, there were no cases reported of lead-poisoning from bullets lodged in the tissues; but the circumstances of this case were certainly such as would prove the

absorption of the soluble salts of the metal. There was a surface of lead, exposed to constant attrition, in a synovial cavity where there was a constant secretion and absorption of fluid, and this was, certainly, a very different case from that of a bullet being imbedded in muscle or bone.

Dr. FIFIELD, who had also seen the patient, after Dr. Ellis, in consultation, said that at the time he saw him he had had two convulsions, of an epileptic character, and that he was beginning to grow dull in his intellect. He was struck with the extreme anæmic look of the patient, and also noticed a peculiar stagger in his gait. There was a marked blue line on the gums of both jaws, but the power of grasping did not seem to be diminished. He had considered it, undoubtedly, a case of lead-poisoning, although he was not told of the wound until afterwards.

OCT. 12, 1874.—*Aneurism of the Aorta.* Dr. SHATTUCK reported the case.

Sept. 26th.—M. W., æt. 35, single, painter, entered the hospital, from Charlestown, Mass., this morning, about ten o'clock, with urgent dyspnoea, face cyanosed. Said to have been well up to three weeks ago, since which time he has had frequent attacks of dyspnoea, gradually becoming worse. Had six attacks yesterday, lasting fifteen or twenty minutes each. Great difficulty in talking. Respiration noisy, so that thoracic examination is almost impossible. In all parts, percussed resonance seemed to be normal, and at intervals there seemed to be heard some râles. Pulse 100; weaker in left than in right radial. No pain.

Had morph. sulph. grain  $\frac{1}{2}$ , subcutaneously, with some relief, but distress and labor of breathing were still great. About 3 o'clock, he was seized with a severe paroxysm, which lasted seventeen minutes. Lips and face blue, almost black, veins distended. Loud rattling in respiration. Had taken of morph. sulph. gr.  $\frac{1}{2}$ , and inhaled nitrite of amyl. The latter seemed to give some immediate relief and comfort. Slept for a time, after being relieved, though breathing was still somewhat noisy. Swallows with difficulty. Tongue has white coat. Evening, temperature 103° 8'. Pulse 98. Took whiskey,  $\mathfrak{z}$ i. only.

27th.—Had a similar attack, exceedingly severe, at 2, A.M., and one less severe at 4, A.M., each lasting about twenty minutes, for which he had morph. sulph. gr.  $\frac{1}{2}$  only. Took, during the night, milk,  $\mathfrak{z}$ xx., and whiskey  $\mathfrak{z}$ iv., and swallows more easily than yesterday.

Morning, temperature 103° 8'. Pulse 100. Lying on side, or sitting nearly upright in bed. All the respiratory muscles in violent action. Veins of neck distended. Respiration frequent and noisy. Exploration of thorax difficult and incomplete. Râles over both sides, and respiratory murmur. Some pulmonary resonance over both sides. Pulse regular. First sound of heart, clear. Morphia, gr.  $\frac{1}{2}$  twice in forenoon, the first time with relief, but not the second time. Inhaled nitrite of amyl. Pulse, M., was 120, and growing weaker. Had brandy by mouth and rectum, as swallowing became difficult, but continued in about the same state. Respiration noisy and labored till about 3, P.M., when he died.

*Autopsy* by Dr. FITZ.—*Post-mortem* rigidity very marked. Numerous old adhesions of the pleuræ of both lungs, which, in lower cavity,

were so strong that the lung tissue was torn in removal. About four ounces of serum in right pleural cavity.

About one ounce of serum in pericardium. Tumor above heart adherent to sternum in front, and pressing on trachea behind. Fresh adhesions between both lungs and tumor. Lungs almost covering tumor in front, except a space about three-fourths of an inch in width.

Spleen enlarged, congested, adherent to under surface of diaphragm.

Kidneys rather flaccid, capsule peeling easily; about normal in size, congested.

Liver so congested as to present the nutmeg appearance.

Stomach normal.

Intestines not examined.

On opening the tumor, three distinct sacs were seen. The mucous membrane lining the trachea showed some points of ulceration.

Dr. JACKSON said that the case was an interesting one, from the fact of there being three distinct aneurismal sacs; two were not unfrequently found.

The fact that the lining membrane of the trachea was ulcerated was extraordinary, as the tumor did not come in contact at all with that organ. He had often seen and spoken of an ulceration of the mucous membrane of the trachea, and also of the œsophagus, when these organs were in contact with an aneurismal tumor, and referred to the fact that in such cases nature seems to act contrary to the usual rule of striving to prevent the ill effects of any lesion or disease, as this ulceration seemed, evidently, to be the commencement of an effort to establish a communication between the aneurism and the trachea, or œsophagus, as the case may be. The duration of the disease in this case was also remarkable for its shortness, as he had been able to work up to four weeks before death, and the symptoms had not certainly shown themselves more than six months before the end. As the tumor did not press upon the trachea, the dyspnoea, which was so urgent in this case, must have been due to pressure on the recurrent laryngeal nerve. He also spoke of the fact of there being no structural change in the heart itself, although there was such extensive disease near it that it seemed impossible that its function should not have been seriously interfered with. He had repeatedly found this to be the case before.

Dr. FITZ said that from the character of the walls of the aneurism, and the absence of that taut, firm condition usually found in sacs of slow growth, one would infer that in this case the growth must have been very rapid, the truth of which inference was also borne out by the clinical history.

*Tænia Dislodged by Emulsion of Pepo.*—Dr. DRAPER exhibited a tænia, including the head entire, which had been dislodged from the intestines of a man aged 28 years. The remedy used was the bruised seed of the pumpkin made into an emulsion and given, upon an empty stomach, in drachm doses, at intervals of an hour until four doses had been taken. The administration of the seeds was followed at once by a cathartic, two drops of croton oil in a pill. Within an hour, there were four loose dejections, with the second of which the present specimen came away in three sections. The patient had passed sections of the parasite during the last seven years, at long intervals.

Dr. WHITE said that the head in this case was darker than he had

ever seen it. As a practical point, it was very extraordinary how a tapeworm, after resisting almost every kind of treatment, would finally be killed by a dose of something. The joints of the *tænia solium* and *medio-cannellata* are the same, the only difference between them being in the head. The *medio-cannellata* has no beak between the four circlets as the *solium* has, but there is rather a depression there; the head is also darker, containing more pigment.

*Twin Fœtuses of Different Size.*—Dr. WHEELER reported the case, and showed the specimens, which had been expelled by a woman six weeks after an unsuccessful, as she thought, attempt to produce an abortion by means of a catheter. Five weeks after the attempt, she was seized with inflammatory symptoms, pointing to the uterus, and called in a physician, who found the os somewhat dilated, and a portion of a funis protruding. He tried, without success, to dilate the os, and watched the case for a week, at the end of which time the specimens were expelled. The patient supposed herself to be about four months pregnant, and one of the fœtuses was at about the stage of development, and of about the size, that would show the correctness of the calculation. It was of a bright scarlet color, looking as if fresh blood had been extravasated under, or into, the epidermis. The other was hardly a quarter as large and natural in color.

Dr. Wheeler said that the specimens were interesting, as they suggested the question whether the difference in size was due to an arrest of development and growth of the smaller one, by the attempt to produce abortion, six weeks before, or whether it was a case of superfœtation. As the membranes were ruptured before she was seen by the physician, it could not be determined whether they were contained in a single amniotic sac, or whether there were two sacs, one for each.

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**SULPHITE OF LIME FOR CIDER.**—An eminent preacher, in a recent address before an agricultural association, said that he did not advocate the making of cider, but if his hearers *would* make it he advised them to "make it good." If made good and kept good—that is, checked at the right point in the process of fermentation, and prevented from becoming "hard" and alcoholic—it is a beverage to which few, even of those who hold extreme views on the temperance question, will make serious objection; and there is no doubt that this desirable consummation may be effected by the judicious use of the neutral sulphite of lime. The experience of those who have tested it for this purpose during the past sixteen years is unequivocal upon this point. It is important, however, to remember that its only action is to *arrest* fermentation, not to counteract it after it has once taken place. No backward step is possible in this process of natural chemistry, any more than in that of decay, to which it is analogous. You may keep a ripe apple sound for months with proper care, but if it once begins to rot there is no restoring it to soundness again.

Some two years ago, one of our western correspondents recommended the use of the sulphite for preserving fruits. His directions for the process, which we reprint for the benefit of those who wish to try it, were as follows: "Use two teaspoonfuls of sulphite of lime to one gallon of fruit, with the usual quantity of sugar. Put in the lime while the fruit is heating, in order that any impurities in fruit or sugar may rise to the top and be removed. Fruit thus prepared, put in jars and stored in a cool place, will keep for months."—*Boston Journal of Chemistry.*

### Bibliographical Notices.

*Health and Education.* By the REV. CHARLES KINGSLEY, F.L.S., F.G.S., Canon of Westminster. New York: D. Appleton & Co. 1874. Pp. 411.

WE owe an apology to the publishers of this book, as well as to our readers, for the length of time we have left it unnoticed. Suffice it to say that the delay was caused by a combination of accidents for which we are not responsible.

The book is a collection of essays and addresses, most of which have more or less of a medical bearing. The attractive style will procure it many readers, who, we hope, will profit by the practical wisdom it contains. On some points, we see statements concerning disease, which a medical man would probably advance rather more cautiously; but they are not of a nature to do harm, and it would be hypercritical to dwell on them in reviewing a popular work.

The Canon is a reformer, and a radical one, with but little respect for customs venerable only by antiquity; one inclined to make the most of the present, and hopeful of the future. One of the best chapters is an address on the "two breaths," namely, that we take in and that we give out, and is naturally a strong plea for ventilation. In it, the author says: "And if any excellent person of the old school should answer me, 'Why make all this fuss about ventilation? Our forefathers got on very well without it,' I must answer that, begging their pardons, our ancestors did nothing of the kind. Our ancestors got on, usually, very ill in these matters; and when they got on well, they had good ventilation in spite of themselves. First, they got on very ill. To quote a few remarkable instances of longevity, or to tell me that men were larger and stronger, on the average, in old times, is to yield to the old fallacy of fancying that savages were particularly healthy, because those who were seen were active and strong. The simple answer is, that the strong alone survived, while the majority died from the severity of the training. Savages do not increase in number; and our ancestors increased but very slowly for many centuries."

This lecture was delivered to an audience of ladies, and we regret that we have not space to quote the remarks on tight-lacing. The ladies must have thought the lecturer a very bold man. He certainly does not flatter them, and is particularly severe, in the "Lower Education of Women," on their want of physical development, and consequently of animal spirits, criticisms which, we own, we are surprised to see applied to the girls of "Old England." His picture of young ladies at a watering-place, sitting near the seashore, "enjoying, like so many flies upon the wall, the novel art of doing nothing," is as suggestive as if it were represented by lines instead of words. Further on, he says: "It is proposed, just now, to assimilate the education of girls more and more to that of boys. If that means that girls are merely to learn more lessons, and to study what their brothers are taught, in addition to what their mothers were taught, then it is to be hoped, at least by physiologists and patriots, that the scheme will sink into that limbo whither, in a free and tolerably rational country, all imperfect and ill-considered schemes are sure to gravitate." But he goes on to wish that sports not identical with, but analogous to, those of boys, might be used to give exercise and health to girls, and, with certain restrictions, the plan has something in its favor.

It was not our purpose to attempt to bring to light all the merits of the book, nor such faults as it possesses, but simply to give an idea of its nature, and this, we hope, may be gained from the above extracts.

#### BOOKS AND PAMPHLETS RECEIVED.

Handbook of Practice, employing Concentrated Medicines as prepared by B. Keith & Co. New York. 1874. Pp. 143.



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**Boston Medical and Surgical Journal.**

BOSTON: THURSDAY, NOVEMBER 12, 1874.

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IN spite of our prophecy in the last JOURNAL, we are absolutely astonished at the extent to which it has been fulfilled. Before the election, when writing on prohibition, we expressed our belief that the "farce was nearly played out," that "people were beginning to appreciate that the opinion of a candidate on a question of this nature is more important than the name of his party," and that "if this year does not rectify the abuse, another will." The result has been more than we dared to expect, for there is now no doubt that the coming legislature will repeal the present prohibitory law and destroy the wicked machinery by which it is not enforced. Without entering into a political discussion, we may say that the chief cause of Mr. Talbot's overwhelming defeat was his veto on the act to abolish the State Constabulary—a force so openly corrupt that, as juries have often shown, the mere fact of belonging to it makes the members' testimony under oath of little or no account. The coming legislature is largely anti-prohibition and we may expect a radical change of affairs. We rejoice at the prospect, and, let it be understood, we rejoice as the friends of temperance. We have repeatedly expressed our views, even when we knew them to be unpopular, especially in the country districts. We have maintained that moderation, not abstinence, constitutes virtue, and that the manufacture of light wines and beer was to be encouraged. We have shown that prohibition was not only a failure but a fraud, bringing with it a vast amount of immorality. It is now too late for the least honest set of prohibitionists to raise against us the cry of supporters of "free rum," by which they have tried to throw obloquy on those who differed from them as to the means of suppressing intemperance. The cry has now lost its power and will injure only the criers. We have the satisfaction of feeling that we have not allowed ourselves to be intimidated by such attacks, and that we have done our share in bringing about the triumph of temperance and morality which we confidently expect.

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THE serious questions of drainage and water-supply are weighing heavily on the public mind, and, we are happy to see, are receiving the attention of the city authorities. Though, as we have shown, there is strong reason for perfecting drainage arrangements before introducing a large supply of water, it is necessary to make sure that

we have water enough to sustain a dry season without inconvenience. Since October 31st, the Water Board has published daily a warning to water-takers to the effect that the lake is falling an inch daily, and that unless we have great rains this autumn it will require the strictest economy to make the supply last through the winter. We hope that the investigations lately made will in time effect a radical reform by greatly increasing the supply, but in the mean time we must consider the best method of husbanding what we have. The results of these considerations will not be useless when a better supply is obtained, for no profusion will justify waste, and if Boston proposes to annex the whole of Eastern Massachusetts, we are very doubtful if a profusion can be obtained. There is an effectual means of enforcing economy which we think has hardly received the attention it deserves. It consists simply in obliging every house to be supplied with a water-meter and in making water-takers pay for the quantity they use. The amount wasted is immense, and it is only by means that appeal to the pocket that it can be materially and permanently reduced. We believe that even if the meters were put in at public expense they would pay for themselves. Such a plan would, of course, necessitate the appointment of inspectors, and it may be that in any case they would be useful, but we must protest against a plan which the Common Council recommends to the Legislature. It is to authorize the city to control the arrangement of all water-pipes and fixtures and to license plumbers, who should see that everything was in order in their respective rounds. It is the last clause that we object to; if we understand it aright, it makes every plumber, good or bad, an agent of the city, with much discretionary power and no special accountability. We see that the plan would be most advantageous for the plumbers, but we doubt if for anyone else.

Returning to the question of a future and permanent supply of water, we see that the committee consisting of Drs. C. W. Swan, H. P. Bowditch and E. S. Wood, which was appointed some months ago to investigate the relative merits of rivers from which water may be obtained, has sent in a summary of the results of its studies, which will be given in detail in a later report. These gentlemen have examined the matter very thoroughly, and find that the water of the Shausheen River is the best and that of the Mystic the worst. They consider both the Charles and the Sudbury sufficiently good, and, on the whole, recommend Charles River, provided that the water be taken from the storage basin above South Natick.

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THE will of the late Professor Wyman, which has been duly proved, contains some bequests of great interest to the profession. His admi-

rable collection of comparative anatomy is left to the Boston Society of Natural History in consideration of a very moderate sum. Though not very large, this collection is nearly perfect in its way. As an illustration of the anatomy of the vertebrates, it is unequalled in America. It represents the greater part of Prof. Wyman's labors, and will be a perpetual monument to him. On some future occasion, we may give some account of its chief features.

The casts of the statues of the Warrior of Agacius and of the Venus of Milo are left to Harvard College, and the specimens of morbid anatomy and monstrosity are left to the Boston Society for Medical Improvement. It will be remembered that the collection of this Society is to be given to the Medical School as soon as the new building is finished. The Society of Natural History is to be congratulated on the rich accession it has received from its late president, and the scientific community is to be congratulated that this treasure will be preserved where it will be most available.

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THE present number of the *Chicago Journal of Nervous and Mental Disease* completes the first volume of this excellent quarterly. Barely one half of the leading articles are original, but these are very creditable, and the translations are well done. The reviews deserve special mention; they are clear, honest and readable. We go rather out of our way to say a good word for this journal, as we are pleased that one of this nature should flourish in America, and particularly in the West. We wish it a continued success.

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SCHNEIDER ON EXTIRPATION OF THE SCAPULA.—Dr. R. Schneider, of Königsberg, reports a case (*Berliner Klinische Wochenschrift*, No. 31, 1874) in which the left scapula was extirpated on account of a sarcomatous tumor. The subject was a weakly boy, aged six and a half years. The tumor had been growing for five months, and during the last three months had increased rapidly in size. The whole of the left scapular region was finally occupied by a firm, elastic, painless growth, closely connected with the bone, but not involving the integument. This growth was of the size of the fist, and internally terminated at the base of the scapula, but passed beyond the external and superior margins of the bone. It occupied the whole of the outer surface of the bone, filling the supra-spinous and infra-spinous fossæ, and sent out a nodulated outgrowth into the axilla. The action of the left arm was much impeded. No swelling of the corresponding lymph-glands could be made out. On account of this, and of the slow growth, and the yielding consistence of the tumor, Dr. Schneider regarded the affection as sarcoma of the scapula. On December 3, 1873, the whole of the diseased bone was excised. The first incision was made along the base of the scapula; the second was commenced at the acromion and carried horizontally along the upper margin of the tumor to the commencement of the first incision. A flap was thus formed, the free angle of which corresponded to the upper and inner angle of the scapula. The portion of the tumor which projected beyond the upper margin of the bone was then exposed. The muscles attached to the inner and outer margins of the scapula were next divided. As the acromion, the neck of the scapula and the acromial part of the

clavicle had become involved in the tumor, it was found necessary both to open the shoulder-joint and to remove a portion of the clavicle. The deltoid muscle was cut through at its upper part, and the clavicle exposed and divided at an apparently healthy part. The articular capsule was now exposed, and the long tendon of the biceps muscle and the tendons of the muscles inserted into the great and small tuberosities, were cut through. The articular capsule was then completely separated from the margin of the glenoid cavity. The axillary portion of the tumor was dissected out with great care, in order to avoid wounding any of the large vessels of this region. The tendons of the muscles attached to the coracoid process having next been dissected, the separation of the tumor from the side of the thorax was easily effected. The supra-spinatus, infra-spinatus and sub-scapularis muscles were wholly removed. During the operation, the subclavian artery was compressed against the first rib. A spray of carbolic-acid solution was played upon the wound during the operation. The vessels were closed by carbolized catgut, and the dressings were strictly according to Lister's plan. The operation lasted for little more than half an hour, and the hæmorrhage was very slight; consequently there was no subsequent collapse. The boy did well from the sixth day after the operation, and on January 26, 1874, was regarded as cured. At this date, the parts about the seat of the operation were quite sound; the left shoulder was somewhat more depressed and less rounded than the right. The outer extremity of the clavicle, on which was fixed the head of the humerus, was directed backwards. The left arm was as large as the right. The left arm could not be abducted to any great extent, though by passive movement it could be easily elevated to the horizontal position. The humerus could hardly be moved, either forwards or backwards. The hand could be raised to the mouth and occiput through the free movement of the forearm.

On subsequent microscopical examination, the tumor presented the structure of a lymph or granulation sarcoma, which had undoubtedly been developed between the periosteum and the surface of the bone. The main elements were small ovoid cells filled with glistening protoplasm. The basis substance in the intra-periosteal portions of the growth was very delicate and soft, and on the extra-periosteal portions tough and fibrillated. In the course of a few weeks after the operation, the disease returned in the left shoulder, near the cicatrix, and at the same time a diffuse, doughy and painful tumor appeared at the upper part of the right tibia. These growths increased rapidly in size, and the patient's general health became much impaired. On April 20th he succumbed, death having been preceded for some weeks by pain in the back, great prostration and paralysis of the bladder and lower limbs. At the *post-mortem* examination, secondary growths were found in the lungs, on the anterior surfaces of the fourth and sixth dorsal vertebrae, and on the posterior surface of the sixth dorsal vertebra. The deposit in the last-mentioned situation had considerably contracted the calibre of the vertebral canal.

Dr. Schneider states that this is the nineteenth reported case of excision of the scapula, with preservation of the upper limb. The whole scapula, with the exception of the coracoid process, was first removed by von Langenbeck, in 1850, and the whole bone, together with a portion of the clavicle, was extirpated by the same surgeon in 1855. The scapula has been removed in two cases on account of caries, once on account of some obscure tumor, three times on account of enchondroma, once on account of an osteo-fibroid growth, and in thirteen cases on account of sarcoma or carcinoma. Of the nineteen subjects of these operations, only one died from the immediate effects. Two patients died from pyæmia, and one in consequence of bronchitis. In one case, the disease returned in the wound made in the operation, and the patient speedily died. The remaining patients recovered from the effects of the operation, and were, at least, temporarily cured. Dr. Schneider holds that the risks are smaller with total than with partial removal of the scapula. The hæmorrhage during the former operation is not very formidable, if the subclavian artery be compressed.—*London Medical Record.*

**THE USE OF THE TOW PESSARY.** By EDWARD COPEMAN, M.D., Senior Physician to the Norfolk and Norwich Hospital, &c.—At a time when we are constantly introduced to new instruments of every description, all professing to be improvements upon those before employed (but which do not always come up to the mark of usefulness claimed for them by their inventors), it may be a relief to fall back for a change upon something of a more simple character. I think surgeons will, as a rule, admit that the more simple the construction of their instruments the more satisfactory is the use of them, provided only they prove equally effective, although this feeling has been sometimes carried to too great an extent, unless in very practised hands. For instance, the late Mr. Martineau was in the habit of using one lithotomy staff for persons of almost every age, and one gorget for almost all; and these he carried to the hospital in his coat-pocket—a strange contrast to the variety and multiplicity of the instruments now provided for the operation, and borne in handsome, mahogany cases.

But the instrument to which I specially allude in this communication is the pessary, of which there is now such an infinite variety; perhaps proving that, where so many different ones are contrived, many of them have been found of little value. My experience of them certainly leads me to the conclusion that but few of them are to be depended upon, and that some are quite useless. The case to which I am about to refer was that of a patient of more than middle age, who applied for relief at the Norfolk and Norwich Hospital, and was under the care of Mr. Crosse. She had had complete prolapsus for a long time, and no kind of pessary was found to be of any use. I chanced one day to be in the ward when Mr. Crosse examined the patient, and he asked me whether I thought an operation he contemplated would be likely to afford relief. The uterus was quite extruded, and, when he returned it into the vagina, the folds of the vagina were so loose and redundant that he proposed removing a considerable portion on each side, in the hope that, in healing, it might afford effectual support to the uterus and prevent its further extrusion. The matter was left open for further consideration; but I suggested meanwhile, that he should reduce the uterus, and plug the vagina with some tow, which was lying at hand, covered at the top by, and partially enclosed in, a piece of linen, greased on the outside to facilitate its introduction. This was effectually done, and, although half a roll of tow was used, it produced no inconvenience, either to the bladder or the bowel. It maintained the uterus in its place, and was renewed as often as appeared necessary for cleanliness. Soon the patient was enabled to renew it herself; and, after a week or two, she was discharged from the hospital, and advised to continue the same plan. I heard from her some time afterwards, and ascertained that the uterus never came down now, and that she could even dispense with the tow pessary, except when over the wash-tub, at which times she *thought it prudent* to apply it. She had not been so well for years.

This was a remarkable case; the worst, in extent of prolapsus, I have ever seen, and, certainly, not amenable to any treatment by pessaries, as far as my experience guides me; indeed, almost every kind had been tried and failed. On reflecting upon it, I am inclined to the belief that a tow pessary might, in many cases, be used with success, and it has the merit of being incapable of doing injury to the parts with which it is in contact. It is easy of introduction; indeed, this patient soon learned to introduce it for herself. Being a compressible material, the tow would not keep the vaginal walls constantly on the stretch, like a solid body, but would rather allow them to contract gradually upon it, and thus prevent their losing their reliant power. The linen with which it is covered at the top and sides affords an easy means of withdrawing the tow for purposes of cleanliness, and the pressure which the tow exercises on the soft parts is equable, and so distributed that it causes no pain in any part with which it is in contact. Moreover, it is not liable to be displaced by any pressure or weight exerted upon it by the uterus itself, or by muscular efforts in defecation, for it clings, as it were, to the walls of the vagina; and this, combined with the resistance of the sphincter, effectually prevents it from being displaced. I am very sanguine in the opinion

that a *tow pessary* will be found useful in cases where pessaries are usually employed; but, at all events, I feel sure it will be found a most serviceable and effective means of removing the difficulties and annoyances of a *complete prolapsus of the uterus*. If others are induced to try it, I hope they will record their experience in the journal.—*British Medical Journal*.

ON A DISEASE OF CARPENTERS. By PETER EADE, M.D. *British Medical Journal*, Oct. 17, 1874.—The author states it to be well known that undue or prolonged exertion of any part of the body is apt to be followed by an exhausted or more or less paralytic condition of the overworked part, and that this condition may vary from simple weakness to more or less complete loss of function of the affected part. The effect of such an exhausting or paralyzing cause may be produced, not alone at the special part itself, or even at the centre-point of implantation of the nerves passing from it, but also, especially by reflected action, at other points either near to, or at a distance from, the affected centre.

Carpenters, in much of their work, use their hands and arms pretty continuously in a monotonous way, as in planing and hand-sawing, so that the same set or sets of muscles are often called into action continuously. Ordinarily, they do not suffer from their peculiar work, so that special circumstances or conditions seem to be necessary to induce evil results.

Dr. Eade reports the case of a carpenter who first came under his observation in March, 1870. He had usually enjoyed good health till October, 1869, when he began to complain of numbness and pain of the fingers and hands on both sides, extending as high as the wrists; not long after this, shortness of breath, made worse by exertion, came on, and this was soon followed by a slight cough and expectoration, the latter once or twice tinged with blood. He felt generally weak, and was unsteady about the knees in standing or walking. At the time of his admission to the hospital, the numbness and aching of the hands and the shortness of breath were his principal symptoms. He had still some trifling cough and spitting, and, though his body was well nourished, he was evidently weak in all his limbs, and had a fidgety, nervous manner. The respiratory murmur was found to be weaker on the right than on the left side of the chest; but no other abnormality of the lungs, and none of the heart, could be discovered. There was no disease of any other viscus.

Two other cases, one of a carpenter and the other of a laborer who had overworked his upper extremities by prolonged digging, were brought to the author's notice. All three presented similar and closely allied symptoms, one of the most prominent of these being the free secretion of whitish mucus, apparently from the mouth and throat and the air-tubes, but without much cough, and without any distinct chest disease. Other symptoms have been, shortness of breath; vague pains and discomforts in and across the chest, either limited to this part or extending upwards to the neck, face and head; sensations of dorsal chilliness or tremor, but scarcely any distinct spinal tenderness, and in all a peculiar nervousness and fidgetiness of manner.

A fourth case is also reported, of a man who had strained his arms severely in throwing and barrowing earth, the effect of which was to cause much numbness and aching weakness in his arms.

Although of the four cases reported only two were carpenters, yet the first and most typical case having occurred in a carpenter, the writer thought it best not to alter the title to his paper, believing that the term not inaptly expresses the nature of the disorder from which all suffered. Its exact nature is probably irritation, followed by exhaustion, of those portions of the spinal cord from which the nerves of the brachial plexus arise; in other words, it is an erethism of this plexus and of its related cervical ganglia, with reflexed disturbed action of other parts whose nerves are in connection with these cervico-dorsal nerves.

As to treatment—nothing except prolonged rest has seemed to be of value.



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### Medical Miscellany.

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MORE than one-hundred thousand dollars has already been raised for the new building for the Harvard Medical School.

IN olden times, they had "Stone-cutters" and "Rupture-curers" by appointment in the London hospitals, a grade inferior to that of surgeon.

SPEAKING of Medical Schools, the *Philadelphia Medical Times* says: "We believe Harvard has the only rapidly-growing class on the continent, and it apparently soon will have, if it has not, even now, the *best-paying* medical class in the United States.

ON Friday afternoon, the 30th ult., Mr. J. Toole, the comedian, assisted by the English members of his company, generously gave an entertainment at the Insane Department of the Philadelphia Hospital, for the amusement of the unfortunate inmates and their attendants.—*Medical and Surgical Reporter*.

SEVERAL rather severe losses of cattle have lately been sustained by occupiers of low, marshy, undrained lands in different parts of Ireland, from vegetable poisoning. One outbreak of the kind has recently been successfully investigated in County Galway. It was distinctly proved that the cause of death was the poisonous effects of *Colchicum autumnale*, a plant peculiar to the lands above described. Twenty-three animals, belonging to six or seven small tenants, have succumbed.—*Medical Press and Circular*.

THE ODORLESS METHOD of emptying vaults has been in successful operation in this city for several weeks, and all the advantages experienced from its application in other cities have been fully realized here. Vaults are emptied in open day without the slightest offence. The public is indebted, primarily, to the Board of Health, for urging this excellent innovation upon the attention of the Committee on Health.

MOSQUITO BITES.—The appearance of the mosquito in England has occasioned some excitement during the past summer, and will probably occasion more next year. The result of our experience, which we publish for the benefit of our trans-Atlantic friends, is that the itching may be relieved by rubbing olive oil over the bite, and repeating, if necessary. The relief thus obtained generally lasts several hours after each application of the oil. Scratching the bites doubles or trebles the suffering.

THE ease with which powerful drugs are obtained without medical prescriptions, even in foreign cities under stringent laws, was shown not long since by a singular practice among the coachmen in Bordeaux. They were proved to be in the habit of taming down and rendering more easy to drive the spirited horses placed under their care, by morning doses of chloral. The animals became sleepy, more gentle, and much easier to manage. This suited the coachmen better than it did the masters. It was some time before the veterinary surgeons could discover the trick.—*Medical Times and Gazette*.

FEMALE PHYSICIANS.—We quote from an article on this subject in the *Lancet* of Oct. 17th: "If we judge aright, the sentiment of English men and of English matrons, and, what is more, of the great body of the general practitioners in the country, is decidedly opposed to the institution of medical women. There are some crotchety persons, and always will be a few, who will advocate the claims of medical women, and who will lend them every encouragement, so that they may be at variance with their fellows, if for no other reason. Presumably, the chief object in educating women in all the details of medical science and art is to qualify them for the practice of obstetrics and gynaecology, and of diseases of children. But, paradoxical as it may appear, these may prove to be the very departments of practice for which women are, morally, physiologically and physically, least fitted."

**CREMATION.**—Lady Dilke's body was burnt, as she had directed, in an oven at Dresden, Oct. 9th, in presence of distinguished physicians and officials. At the end of ten minutes, the muscular parts were generally broken up; in twenty, the skeleton was exposed, and its destruction began; in thirty minutes, the soft parts were generally consumed; in sixty, the bones, also, were greatly reduced. At the end of seventy-five minutes, the ashes, weighing about six pounds, were collected and put into an urn.—*British Medical Journal*.

**DESERTS AS HEALTH RESORTS.**—At a recent meeting of the Munich Academy of Science, Prof. Zittel read a paper, detailing the results of observations made by him with regard to the air of the Lybian desert during the months of January, February, March and April, 1874, tending to prove that this desert contains a very much larger amount of ozone than that of the oases, or the Nile valley. The belief that the desert air is beneficial to invalids, especially those suffering from pulmonary complaints, is of ancient origin, and, in accordance with this idea, the Khan has recently decided to repair to Helnau, in the so-called Eastern, or Arabian, desert of Egypt.—*Allgem. Med. Cent. Zeitung*, Sept. 30, 1874.

In Sweden, there are seventy-nine hospitals, containing 4,687 beds, receiving an average of from 30,000 to 32,000 patients. The expenses of these hospitals amount to about £40,000 per annum. There are nine lunatic asylums, containing 1,210 beds. Stockholm has seven hospitals, of which the most important is the Clinical Hospital, containing 300 beds. The wards of this institution are small, low, badly lighted and poorly ventilated.

In Norway, they employ tarred oakum for dressing wounds, the bandages and other portions of the dressing being impregnated with acetate of alumina. At Christiania, in the Medical wards, it is the custom to cause patients affected with acute pulmonary troubles to respire air charged with aqueous vapor. The bed is entirely covered with a moderately thick cloth, in which are two apertures for the renewal of air. A water vaporizing apparatus is placed at the foot of the bed, to the level of which the vapor is conducted by a tube. This mode of medication is tolerably successful, particularly in children's cases.—*The London Medical Record*.

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#### NOTES AND QUERIES.

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THE JOURNAL of November 5th has an extract from the *Medical Weekly*, giving an account of a case of poisoning by bromo-chloralum. Will some one inform me what is bromo-chloralum? I should like to know.

**MORTALITY IN MASSACHUSETTS.**—Deaths in thirteen Cities and Towns for the week ending October 31, 1874.

Boston, 130; Worcester, 20; Lowell, 20; Milford, 4; Salem, 11; Springfield, 7; Lynn, 9; Gloucester, 2; Fitchburg, 2; Taunton, 1; Newburyport, 3; Fall River, 17; Haverhill, 5. Total, 231.

**Prevalent Diseases.**—Consumption, 42; pneumonia, 18; typhoid fever, 8; cholera infantum, 8; scarlet fever, 8; diphtheria, 6; croup, 5.

CHAS. F. FOLSOM, M.D.

Secretary of the State Board of Health.

**DEATHS IN BOSTON** for the week ending Saturday, Nov. 7, 129. Males, 64; females, 65. Accident, 2; apoplexy, 6; bronchitis, 6; inflammation of the brain, 1; disease of the brain, 5; cerebro-spinal meningitis, 2; cholera infantum, 7; cholera morbus, 1; consumption, 18; croup, 1; debility, 2; diarrhoea, 2; dropsy of the brain, 4; dyspepsia, 1; dysentery, 1; diphtheria, 1; exhaustion, 3; erysipelas, 1; scarlet fever, 2; typhoid fever, 5; gangrene, 1; disease of the heart, 8; homicide, 1; intemperance, 1; disease of the kidneys, 4; disease of the liver, 2; congestion of the lungs, 1; inflammation of the lungs, 8; marasmus, 8; measles, 1; old age, 4; paralysis, 3; pleurisy, 1; premature birth, 2; peritonitis, 1; puerperal disease, 3; rheumatism, 1; suicide, 2; "sequelæ of chickenpox," 1; syphilis, 1; tumor, 1; tabes mesenterica, 1; unknown, 2.

Under 5 years of age, 41; between 5 and 20 years, 9; between 20 and 40 years, 31; between 40 and 60 years, 23; over 60 years, 25. Born in the United States, 80; Ireland, 34; other places, 15.